**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business  Mailing Address 102 A ASPEN AVE CARSSLOAD FL 32708 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  A. FEI Number  DO NOT WRITE IN THIS SPACE  A. FEI Number  NOT APPLICABLE  A. FEI Number  NOT APPLICABLE  Not Applied F	
CASSADAGA F. 2006  S. Mailing Address  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State  Country  Zip  Country  S. Cortificate of Status Desired  Fee Required  6. Name and Address of Current Registered Agent  Name  SCHMIDT, MARGARET ANN (REV)  439 NORTH BOSTON AVE  DELAND FL 32724  City  City  FL  Zip Code  City  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  SIGNATURE  Signature, hopes or paried name of registered agent and the fl applicable.  (NOTE Registered Agent segreture required when retriging)  DATE  FILE NOW: FEE IS \$61.25  PROUNT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  THE NAME  SIGNATURE  CONRAD, EDNA  SITERT ADDRESS  SIGNATURE ORANS AVE #515  ORANGE CITY FL  UNITE NOTE STATE  CONRAD, EDNA  SITERT ADDRESS  SIGNATURE ORANS AVE #515  SITERT ADDRESS  Change A  SITERT ADDRESS  SI	
2. Principal Place of Business  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  Country  S. Certificate of Status Desired  F. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  F. Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Forida.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  F. Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Forida.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  F. Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Forida.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Do Code  F. L. Zip Code  Do Code  Street Address (P.O. Box Number is Not Acceptable)  Street A	
Suite, Apt. #, etc.  Suite Apriled #   Auxiliary	
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired Street Address of New Registered Agent Name Signature and Address of New Registered Agent Name Signature Now Registered Agent Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numb	
Zip Country Zip Country 5. Certificate of Status Desired	
Schmidth   Schmidth   Street Address of Status Desired   \$8.75 Additional Fee Required   \$8.	
SCHMIDT, MARGARET ANN (REV) 439 NORTH BOSTON AVE DELAND FL 32724  SIGNATURE  FILE NOW: FEE IS \$61.25  PILES \$61.25  SIECUTION CONTRAD, DDNA DURECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME CONRAD, EDNA DURECTORS  CITY-S1-ZIP  CONRAD, EDNA DURECTORS  CITY-S1-ZIP  PD  CORANGE CITY FL  CITY-S1-ZIP  DELAND FL 32724  7. Name and Address of New Registered Agent  Steet Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  City  FL  Zip Code  NATE  Address (P.O. Box Number is Not Acceptable)  Tuts fund continuing is registered agent, or both, in the state of Florida.  NATE  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  P1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Address (P.O. Box Number is Not Acceptable)  ADATE  ADATE  CITY-S1-ZIP  CONRAD, EDNA DURECTORS IN 10  Change Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numb	
SCHMIDT, MARGARET ANN (REV) 439 NORTH BOSTON AVE DELAND FL 32724  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaking)  PEE IS \$61.25  PILE NOW: FEE IS \$61.25  PEE IS \$61.25  PEE IS \$61.25  PRAVES AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME CONRAD, EDNA  SIREET ADDRESS CITY-ST-ZIP ORANGE CITY FL  OR	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstaling)   DATE	
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NAME SCHMIDT, MARGARET ANN STREET ADDRESS CITY-ST-ZIP DELAND FL 32724  TITLE NAME LOVE, NANCY Treasure STREET ADDRESS TREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	cR2E037 (10/00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dire of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: REVENTE AREIS ARE	n



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on November 9, 2000, to Articles of Incorporation for UNIVERSAL CHURCH OF SPIRITUAL SCIENCE, SPIRITUALCENTRE OF CASSADAGA, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is 753328.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twentieth day of November, 2000

Katherine Harris



Katherine Harris Secretary of State

Dec.#753328 900008 FILED

to

ARTICLES OF AMENDMENT

## ARTICLES OF INCORPORATION

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HOLLIEDCOL CHURCH OF SD ACTUAL SOLENOT
UNIVERSAL CHURCH OF SPIRITUAL SCIENCE,  (present name)  SPIRITUAL CENTRE OF CASSADAGA THE.
SPIRITUAL CENTRE OF CASSADAGA INC.  Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.
FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)
ARTICLES # IX, XIV = AMENDED TO READ
REV. MARGARET ANN SCHMIDT = P.O. BOXIII CASSADAGA, FL. 3270
SECRET ARY - TREASURE
REV. EDNA CONRAD 2300 E. GRAVES-AVE # 138 ORANGE CITY, FL 32
DELETE: BONNIE BEMIS
DOROTHY JEAN BAGGOTT
SECOND: The date of adoption of the amendment(s) was: November, 674 2000
THIRD: Adoption of Amendment (CHECK ONE)
The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.
Rev. Margaret Cenn Schmidt President - Pastor Signature of Chairman, Vice Chairman, President or other officer
REV. MARGARET ANN SCHMIDT  Typed or printed name
PRESIDENT- PASTOR NOVEMBER 6TH 2000

Date

Title